

# ALABAMA MEDICAID AGENCY

## Certification and Documentation

### For Abortion

I, \_\_\_\_\_, certify that the woman,  
\_\_\_\_\_, suffers from a physical  
disorder, physical injury, or physical illness, including a life-endangering physical  
condition caused by or arising from the pregnancy itself that would place the  
woman in danger of death unless an abortion is performed.

<i>Name of Patient</i>		<i>Patient's Medicaid Number</i>	
<i>Patient's Street Address</i>		<i>City</i>	<i>State Zip</i>
<i>Printed Name of Physician</i>		<i>Physician's NPI #</i>	
<i>Signature of Physician</i>		<i>Date Physician Signed</i>	
<i>Date of Surgery</i>			

**INSTRUCTIONS:** The physician must send this form with the medical records  
and claim to:

EDS  
P.O. Box 244034  
Montgomery, AL 36124-4034